

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

34362
State File No. 9612
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Elizabeth Kornfeld

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William F. Kornfeld

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 26, 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 8 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Frank Boehm 9

13. Birthplace Unk
(City, town, or county) (State or foreign country)

14. Maiden name Unk 9

15. Birthplace Unk
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. F. Kornfeld

(b) Address 3716 Bates St.,

17. (a) Burial (b) Date thereof 11-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) NOV 4 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3716 Bates St.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th
year 1948 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Oct 19 to Nov 4, 1948
that I last saw her alive on Nov 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 8 days

Due to Postural asphyxia and
suburitis

Due to 121

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Postural asphyxia
Of operations Oct. 19

Of autopsy X

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. F. Murray (M. D. or other)
Address 605-A-Russell Date signed 11-8-48

DR. L. F. MURRAY
6050 RUSSELL
163

Wink

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Wm. Binkley

Licensed Embalmer No.....

13653

P. O. Address.....

St Louis - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.